The Social reality of hygiene and sanitation.

Understanding community responses to government promotional strategies among ethnic minorities of northern Vietnam

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SUMMARY

Background:
Inadequate sanitation and poor hygiene create a serious burden of diseases in low-income regions of the world and is affecting vulnerable groups such as children and the poor far more than others. Although large water and sanitation programs have been initiated in most some low-income countries, hygiene promotion receives little attention and funding and the hygiene and sanitation related disease burden remains high. What is needed to improve the situation?
This research argues that public health promoters need to understand the complexity of 'the social reality of hygiene and sanitation' and how people respond to hygiene and sanitation promotion in order to design and implement appropriate and effective hygiene and sanitation program.

Rational and research objectives:
The research builds on a total of eight months' of qualitative field research among four groups of ethnic minorities in two rural communes in Northern Vietnam - an area where national hygiene and sanitation promotion has meet challenges in changing hygiene and sanitation practices and in decreasing the burden of hygiene and sanitation related diseases. The research objectives were to investigate (in three sub-studies): 1) practices, perceptions, and community responses to hygiene and sanitation promotion; 2) caregivers' explanations, treatment seeking behaviour and access to treatment for a hygiene related disease (childhood diarrhoea); and 3) the organisation and implementation of hygiene and promotion strategies and activities in the study area, including the roles and responsibilities of stakeholders at four administrative levels (province, district, commune and village)

Methods:
Triangulation of several qualitative data collection methods, data sources and informants was performed. Data included participant observations in 20 case households in four villages including high- and lowland villages of four different ethnic groups. Observations focused on obtaining in-sights into general living conditions including hygiene and sanitation practices as they unfolded in daily life. Participant observations were also conducted of staff-patient interactions at the two communal health clinics in general and during 28 cases of treatment of children below 6 years of age who visited the clinics. Eight days of observations were also conducted in four kindergartens with children of four different ethnic groups.
A total of 60 informal and semi-structured interviews were conducted with household members about perceptions of hygiene, sanitation and health and seven focus group discussions were conducted with a wider group of community members on the same topics. In addition, 54 semi-structured interviews with stakeholders in hygiene and sanitation promotion at province, district, commune and village levels were conducted. Finally, 43 semi-structured interviews were conducted with caregivers of children below 6 years of age who had a case of diarrhoea during the past month.

Findings
The research showed that responses to hygiene and sanitation promotion for the four groups of ethnic minorities were influenced by several factors producing a complex 'social reality of hygiene

and sanitation'. Some factors affected communities 'from the outside' (including socio-economical constraints, political and public health agendas) while other aspects emerged 'from the inside' (including embodied hygiene and disease explanations, social norms and gender roles).

The main differences in perceptions, practices and responses to hygiene and sanitation promotion, did not relate to the four specific ethnic groups, but to groups living in lowland and highland settings with very different socio-economic living conditions; highland communities were poorer and experienced harsher working and living conditions. This made it difficult for highland mothers, especially, to practice appropriate hygiene and prevent hygiene related child diseases.
Highland communities were also less targeted by health, hygiene and sanitation promoters; few active village stakeholders were identified and irregular outreach activities were performed by different authorities.
Common for all ethnic minority groups were feelings of being marginalised by government stakeholders including the public health system that seemed to perceive ethnic minorities as 'especially difficult target groups'. Due to this, and a considerable political pressure to 'develop', led to ethnic minorities positioning themselves as 'hygienically un-developed', which created some dependency on government subsidies and low or no community actions to improve sanitation.

The analysis of hygiene and sanitation promotional strategies showed that Vietnam presents a highly organized public health system supported by mass organisations (government supported Unions) with great outreach capacity in the population and local branches in almost every province, district and village. This creates an excellent platform for effective hygiene and sanitation promotion unequalled by many other low-income countries.

But hygiene promotion still receives far less attention and resources compared with construction of water supply and sanitation facilities. And hygiene and sanitation promotional strategies and approaches were found largely top-down and government-driven, sector-divided, and based on information- and knowledge-based health education. Strategies were also largely generic and unadjusted to different contexts, socio-economies and cultures. Thus, promotion approaches far from mirror the many social, cultural and political motivating factors that influence these ethnic minority communities' responses and uptake of hygiene and sanitation promotion.

Conclusion:
The research underlines that a narrow focus on 'hardware,' such as water supply and sanitation facilities, and increasing the population's knowledge on disease and health, is greatly insufficient to improve hygiene and sanitation in these multi-cultured population groups of Vietnam. Many other competing priorities and concerns take precedence over hygiene and health on the agendas of people's 'social realities'. And they all provide good reasons for not following promotional advice, including poverty, gender roles, low trust in health systems, alternative embodied hygiene perceptions and low education and poor access to information.

It is therefore recommended that the Vietnamese Public Health system leaves the rational, generic and information-based approach to hygiene and sanitation promotion, and invest more human and financial resources in developing effective hygiene 'software' interventions.

These should mirror socio-economic conditions, culturally appropriate and include behaviour change communication methods. Methods which may be effective include participatory community-based and consumer-driven hygiene and sanitation approaches. These should be adjusted and piloted in diverse contexts and population groups to identify a model that works. Hygiene and sanitation promotion should also be integrated across health, agricultural and educational sectors and communicated in settings and via channels that present good entry points to people's interests and daily lives. This could include agricultural outreach officers, adult educational initiatives, health and women's groups, amongst others.
Finally, it is recommended to focus on reaching the poorest and least targeted communities suffering the most from hygiene and sanitation related diseases, including the highland communities.

Further studies could focus on identifying and testing appropriate interventions in such communities. Further investigations in the opportunities for involving the private sector in sanitation promotion would also provide valuable information on how to speed up sanitation uptake. The data collected for this research also provides opportunities for analysing further how small children are socialized and learn hygiene practices in different contexts; at home and in kindergartens, in highland and lowland communities. This can suggest ways to improve child targeted hygiene promotion. In-depth studies of motivators for handwashing with soap can also provide valuable information on how to improve health for all and children in particular.